

# Foster Family Home - Corrective Action Report

Provider ID: 2-512170

Home Name: Marla Carlaga, CNA

Review ID: 2-512170-7

527 Awela Street

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 8/13/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed annual inspection. Home met all compliance requirements at the time of the home inspection. Corrective action plan due to CTA within 30 days

Foster Family Home

Physical Environment

[11-800-49]

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(d) Client # 3 is in a room that does not qualify as a legal bedroom that meets CCFFH criteria as a bedroom. Client to be moved immediately to an appropriate bedroom in the home

Jackie Chamberlain  
Compliance Manager

Marla Carlaga  
Primary Care Giver

8/13/2020  
Date

8/13/20  
Date



CTA RN Compliance Manager: Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Maria Cariaga, CNA

(PLEASE PRINT)

CCFFH Address: 527 Awela Street Hilo HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49d	Client has been immediately moved to a bedroom that meets criteria for CCFFH	08/17/20	Home will review CTA newsletters for new requirements and will make changes to the home enviroment as soon as changes are announced

☒ All items that were fixed are attached to this CAP

PCG's Signature: Maria Cariaga

Date: 08/17/20

☒ CTA has reviewed all corrected items